

FIRE AND BUILDING SAFETY INSPECTION REPORT
NORTH CAROLINA STATE DEPARTMENT OF HEALTH AND HUMAN SERVICES
INSTITUTIONAL BUILDING

FOR: **CHILD CARING INSTITUTIONS ()** **MATERNITY HOMES ()** **HOMES FOR AGED ()**

NAME OF FACILITY _____ **ADMINISTRATOR** _____

ADDRESS _____ **CITY** _____ **ZIP** _____ **PHONE** _____

TYPE OF POPULATION ADMITTED _____ **AGE RANGE OF POPULATION** _____

TYPE OF CONSTRUCTION _____ **NUMBER OF STORIES** _____

TYPE OF HEATING SYSTEM _____ **LOCATION** _____

NUMBER OF U/L APPROVED FIRE EXTINGUISHERS? _____ **PROPERLY LOCATED?** _____ **PROPERLY MAINTAINED?** _____

PROPER TYPE FIRE EXTINGUISHERS? _____ **ARE PERSONNEL FAMILIAR WITH USE?** _____

SMOKE DETECTION SYSTEM? _____ **U/L APPROVED?** _____ **MAINTENANCE CONTRACT?** _____

MANUAL FIRE ALARM? _____ **TYPE?** _____ **IN WORKING ORDER?** _____

EVACUATION PLAN POSTED? _____ **FIRE DRILLS?** _____ **HOW OFTEN?** _____

NUMBER OF APPROVED TYPE FIRE ESCAPES? _____ **PROPERLY LOCATED EXIT LIGHTS?** _____ **SPRINKLER SYSTEM?** _____

FIRE RATING OF WALLS AND PARTITIONS? _____ **CEILINGS?** _____ **FURNACE ROOM WALLS & CEILINGS?** _____

ARE INTERIOR STAIRWELLS ENCLOSED? _____ **DO EXIT DOORS SWING OUT?** _____

ARE DOORS UNLOCKED AND READILY OPENABLE FROM INSIDE? _____

TYPE OF EQUIPMENT PROVIDED FOR EMERGENCY POWER? _____ **CONDITION?** _____

U/L EMERGENCY LIGHTING IN CORRIDORS? _____ **CONDITION OF BASEMENT?** _____ **USE?** _____

CONDITION OF ATTIC? _____ **USE?** _____ **CONDITION OF BUILDING?** **SATISFACTORY ()**
UNSATISFACTORY ()

TYPES OF HAZARDS (Please circle those which apply)

<u>HEATING</u>	<u>ELECTRICAL</u>	<u>EXITS</u>	<u>MISCELLANEOUS</u>
1. DEFECTIVE FURNACE	5. DEFECTIVE FIXTURES	9. HALLS BLOCKED	13. RUBBISH AND TRASH
2. DEFECTIVE FLUE	6. DEFECTIVE WIRING	10. EXITS BLOCKED	14. IMPROPER STORAGE & USE OF
3. DEFECTIVE SMOKE PIPE	7. UNSATISFACTORY FUSES	11. UNSATISFACTORY FIRE EXITS	FLAMMABLE MATERIALS
4. PORTABLE HEATERS USED	8. DEFECTIVE LIGHTING	12. STORAGE ON FIRE ESCAPES	15. DEFECTIVE WATER HEATER
	IN STAIRWAYS AND HALLS		16. STORAGE OF MOWER AND GARDEN TRACTOR
			17. UNSUPERVISED SMOKING BY RESIDENTS

LOCATION OF HAZARDS FOUND: _____

REQUIREMENTS TO CORRECT ABOVE AND PROVIDE ADEQUATE SAFETY _____

INSPECTOR: _____ **TITLE:** _____

ADDRESS: _____ **DATE OF INSPECTION:** _____

(FOR CHILD CARING INSTITUTIONS AND MATERNITY HOMES. FILL IN IN DUPLICATE. SEND ORIGINAL TO THE STATE DIVISION OF SOCIAL SERVICES. ONE COPY SHOULD BE RETAINED BY THE INSTITUTION OR HOME.)

(FOR HOMES FOR THE AGED AND DISABLED. FILL IN IN TRIPPLICATE. SEND ONE COPY TO THE STATE DIVISION OF FACILITY SERVICES. GIVE ONE COPY TO THE PERSON IN CHARGE OF THE FACILITY, AND ONE COPY TO THE COUNTY DEPARTMENT OF SOCIAL SERVICES.)